



1011661

CERTIFICATE OF MAILING

I, **Martha Y. Robinson**, a duly authorized representative of the United States Environmental Protection Agency, Region 5. Do hereby certify that on **March 25, 1996**, I placed in the United States mail, at 77 West Jackson Boulevard. Copy of the Public Notice and the Statement of Basis for the "Proposed Partial Remedy for the Hazardous Waste Contamination" submitted by **USS Lead Refinery, Inc.**, located at 5300 Kennedy Avenue, East Chicago, Lake County, Indiana (IND 047 030 226). The above mentioned information was mailed to the persons specified on the attached mailing list.

Dated: March 25, 1996 Signature Martha Y. Robinson

U.S. ENVIRONMENTAL PROTECTION AGENCY To POST-TRIBUNE Dr.
(Government Unit)
LAKE County, Indiana 1065 BROADWAY, GARY, IND. 46402

PUBLISHER'S CLAIM

LINE COUNT

Display Matter (Must not exceed two actual lines, neither of which shall total more than four solid lines of the type in which the body of the advertisement is set) number of equivalent lines

Head — number of lines

Body — number of lines

Foot — number of lines

Total number of lines in notice

COMPUTATION OF CHARGES

62 lines, 2 columns wide equals 124 equivalent

lines at 223 cents per line \$ 27.66

Additional charge for notices containing rule or tabular work (50 percent of above amount)

Charge for extra proofs of publication (\$1.00 for each proof in excess of two)

TOTAL AMOUNT OF CLAIM \$ 27.66

DATA FOR COMPUTING COST

Width of single column 7.4 ems

Size of type 5.5 point

Number of insertions 1

Pursuant to the provisions and penalties of Ch. 155, Acts 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid

Date MARCH 28, 19 96

Title

Non-Responsive PII

PUBLISHER'S AFFADAVIT

State of Indiana)
Lake County) SS

Personally appeared before me a notary public in and for said county and state, the undersigned Non-Responsive PII who,

being duly sworn, says that he is CREDIT MANAGER

of the POST-TRIBUNE a DAILY

newspaper of general circulation printed and published in the English language in the city of GARY in state and county

aforesaid, and that the printed matter attached hereto is a true copy, which was duly published

in said paper for ONE time, the dates of publication being as follows.

MARCH 25TH Non-Responsive PII

Subscribed and sworn to before me this 28TH day of MARCH 1996

Non-Responsive PII

My commission expires 4/27/98

ATTACH COPY OF
ADVERTISEMENT
HERE

Claimant's Warrant No.

IN FAVOR OF

POST-TRIBUNE

1065 BROADWAY, GARY, IND. 46402

\$

On Account Of Appropriation For

Allowed , 19 ..

In the sum of \$, 19 ..

I have examined the in claim and h
certify as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon statutory authority.

That it is apparently (correct)
(incorrect)

I certify that the within claim is true and correct; that
the services therein itemized and for which charge is
made were ordered by me and were necessary to the
public business.

LEGAL ADVERTISING

TABLE SHOWING PRICE PER LINE AND PER INSERTION

190A

Type Size	8.5 Em Column				8.6 Em Column				8.75 Em Column				8.8 Em Column				9 Em Column			
	No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5.5	245	367	489	611	248	371	495	619	252	378	504	629	253	380	507	634	259	389	518	648
6	224	337	449	561	227	341	454	568	231	347	462	578	232	348	465	581	238	356	475	594
7	192	288	384	480	194	292	389	486	198	297	396	495	199	299	398	498	204	305	407	509
7.5	180	269	359	449	182	272	363	454	185	277	370	462	186	279	372	464	190	285	380	475
8	168	252	337	421	170	255	341	426	173	260	347	433	174	261	348	436	178	267	356	446
9	149	224	299	374	151	227	302	378	154	231	308	384	155	232	310	387	158	238	317	396
10	135	202	269	337	136	204	272	340	139	208	277	347	139	209	279	348	143	214	285	356
12	112	168	224	281	114	170	227	284	116	173	231	289	116	174	232	290	119	178	238	297

Type Size	9.3 Em Column				9.5 Em Column				9.6 Em Column				9.9 Em Column				10 Em Column			
	No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5.5	268	401	535	669	274	410	547	684	276	414	552	691	285	428	570	713	288	432	576	719
6	246	368	491	614	251	376	502	627	253	380	507	634	261	392	523	653	264	396	528	660
7	210	315	420	526	215	322	430	537	217	326	434	543	224	336	447	559	226	339	452	565
7.5	196	295	393	491	201	301	401	502	203	304	405	507	209	313	418	522	211	317	422	528
8	184	276	368	460	188	282	376	470	190	285	380	475	196	294	392	490	198	297	396	495
9	164	246	327	409	167	250	334	417	169	253	338	422	174	261	348	436	176	264	352	440
10	147	221	294	368	150	226	301	376	152	228	304	380	157	235	314	392	158	238	317	396
12	123	184	246	307	125	188	251	314	127	190	253	317	131	196	261	327	132	198	264	330

Type Size	10.5 Em Column				11 Em Column				11.5 Em Column				12 Em Column				12.5 Em Column			
	No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5.5	302	453	605	756	317	475	634	792	331	496	662	827	346	518	691	864	360	540	720	899
6	277	416	554	693	290	436	581	726	304	455	607	759	317	475	634	792	330	495	660	825
7	238	356	475	594	249	373	498	622	260	390	520	651	271	407	543	678	283	424	566	707
7.5	222	333	444	554	232	348	465	581	243	364	486	607	253	380	507	634	264	396	528	660
8	208	312	416	520	218	327	436	545	228	342	455	569	238	356	475	594	248	371	495	61
9	185	277	370	462	193	290	387	483	202	303	405	506	211	317	422	528	220	330	440	54
10	166	249	333	416	174	261	348	436	182	273	364	455	190	285	380	475	198	297	396	495
12	139	208	277	347	145	218	290	363	152	228	304	380	158	238	317	396	165	248	330	413

Type Size	13 Em Column				13.5 Em Column				14 Em Column				14.5 Em Column				15 Em Column			
	No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions				No. of Insertions			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
5.5	374	561	748	936	389	583	777	972	403	604	806	1,007	417	626	835	1,044	432	648	864	1,080
6	343	515	686	858	356	535	713	891	370	554	739	924	383	574	766	957	396	594	792	990
7	294	441	588	735	305	458	611	763	317	475	634	792	328	492	656	820	339	509	678	848
7.5	275	412	549	686	285	428	570	713	296	444	591	739	306	459	612	766	317	475	634	792
8	257	386	515	644	267	401	535	668	277	416	554	693	287	431	574	718	297	446	594	743
9	229	343	457	572	238	356	475	594	246	369	492	615	255	383	510	638	264	396	528	660
10	206	309	412	515	214	321	428	535	222	333	444	554	230	345	459	574	238	356	475	594
12	172	257	343	429	178	267	356	446	185	277	370	462	191	287	383	479	198	297	396	495

RADIO BROADCAST

**U.S.S. Lead Refinery, Incorporated
East Chicago, Indiana**

The United States Environmental Protection Agency (U.S. EPA) is accepting comments on the proposed remedy for cleanup of contamination at U.S.S. Lead Refinery, Incorporated (USS Lead), 5300 Kennedy Avenue, East Chicago, Lake County, Indiana.

U.S. EPA evaluated three remedial alternatives for the cleanup and identified the proposed remedy.

A copy of a Statement of Basis describing the remedial alternatives and the proposed remedy and supplemental documents for the U.S. EPA administrative record, are available for public inspection and copying at the East Chicago Public Library, 2401 East Columbus Drive, East Chicago, Indiana and at the offices of the U.S. EPA, Region 5 in Chicago, Illinois.

The public comment period on the Statement of Basis begins on March 26, 1996, and ends on April 24, 1996. Written comments regarding the Statement of Basis must be postmarked by April 24, 1996, and must be sent to:

U.S. EPA, Region 5
Waste, Pesticides, and Toxics Division (DRE-8J)
77 West Jackson Boulevard
Chicago, Illinois 60604

A public meeting for this proposed remedy will not be scheduled unless requested during the public comment period.

For more information, contact Ms. Mirtha Capiro at (312) 886-7567.

*CONTACT LIST
FOR
HEALTH EXPOSURE INVESTIGATION FOR LEAD IN E. CHICAGO*

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Indiana State Department of Health
2 North Meridian Street
Indianapolis, Indiana 46204
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317/233-7053 FAX
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Patricia Dixon - Dalton
East Chicago Health Department
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Mary Fulghum (former contact)
Indiana Department of Environmental Management
NW Indiana Office
504 North Broadway, Suite 418
Gary, Indiana 46402
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219/881-6745 FAX
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Noemi Emeric (Office of Public Affairs)
U.S. Environmental Protection Agency
77 West Jackson Boulevard, P-19J
Chicago, Illinois 60604
800/621-8431 or 312/886-0995
312/353-1155 FAX
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312/353-4788 FAX
E-Mail: capiro.mirtha@epamail.epa.gov



ATSDR

Agency for Toxic Substances and Disease Registry

Clayton G. Koher
Regional Representative

Suite 413, (ATSDR-4J)
77 W. Jackson Blvd.
Chicago, Illinois 60604

353-6036
(312) 886-0840
FAX: (312) 886-6066

ATSDR Medical Officers:

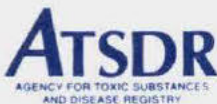


FELICIA PHARAGOOD-WADE, MD
Medical Officer, U.S. Public Health Service
fap2@atsdha1.em.cdc.gov

Executive Park, Building 31
1600 Clifton Road, NE, E-32
Atlanta, Georgia 30333

(404) 639-0616
Fax: 639-0655

James Walker, D.V.M., M.P.H.



Dahna Batts-Osborne, M.D.
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Executive Park, Building 31
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Atlanta, Georgia 30333

(404) 639-0616
Fax: (404) 639-0655



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
NORTHWEST INDIANA REGIONAL OFFICE

KAY L. NELSON
DIRECTOR

TELEPHONE: (219) 881-6712
FAX: (219) 881-6745

504 NORTH BROADWAY
SUITE 418
GARY, INDIANA 46402

Recycled Paper



INDIANA STATE DEPARTMENT OF HEALTH
2 NORTH MERIDIAN STREET
SECTION 7-C
INDIANAPOLIS, IN 46204

Judith A. Gilliland, M.P.A.
Medical Case Management Consultant
Childhood Lead Poisoning Prevention Program
Maternal and Child Health Services
800/761-1271
317/233-5600
Fax: 317/233-1630

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

1919 East Columbus Drive
East Chicago, Indiana 46312

4a. Article Number

P-140-676-91

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-18-96

5. Received By: (Print Name)

Non-Responsive PII

6. Signature: (Addressee or Agent)

X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

Grand Cal Task Force
2400 New York Avenue
Whiting, Indiana 46394

4a. Article Number

P-140-676-004

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/18

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form

Domestic Return Receipt

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

Dupont
5215 Kennedy Avenue
East Chicago, Indiana 46312

4a. Article Number

P-140-676-008

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-18-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number
P-140-676-010

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-18-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

Grand Cal Task Force
517 W 142nd Street
East Chicago, Indiana 46312

4a. Article Number
P-140-675-999

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-18-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Non-Responsive PII

Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

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- ☐ Restricted Delivery

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3. Article Addressed to:

Non-Responsive PII

Grand Cal Task Force
517 W 142nd Street
East Chicago, Indiana 46312

4a. Article Number
P-140-676-013

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-18-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

Non-Responsive PII

Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number
P-140-676-003

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature

Non-Responsive PII

Domestic Return Receipt

Thank you for using Return Receipt Service.

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number
P-140-676-009

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-18-96

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature
X

Non-Responsive PII

Domestic Return Receipt

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

The Nature Conservancy
Northwest Indiana Office
2400 New York Avenue - Room 411
Whiting, Indiana 46312

4a. Article Number
P-140-676-012

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11/18

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature
X

Non-Responsive PII

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3. Article Addressed to:

Non-Responsive PII

RET.
4841 Grasselli Avenue
East Chicago, Indiana 46312

4a. Article Number
P-140-676-007

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
12-18-95

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

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- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number
P-140-676-000

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
20 NOV 1996

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

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SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number
P-140-676-006

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-18-96

5. Received By: (Print Name)
Non-Responsive PII

6. Signature (Addressee or Agent)
X Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number

P-140-676-001

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature

X Non-Responsive PII

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

8. Article Addressed to:

Non-Responsive PII

Environmental Engineer-Pantera
Environmental Consultant
1931 Schrage Avenue
Whiting, Indiana 46312

4a. Article Number

P-140-476-002

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By:

Non-Responsive PII

8. Addressee's Address (Only if requested and fee is paid)

6. Signature

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Non-Responsive PII

4a. Article Number

P-140-676-005

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-18-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Sign

Non-Responsive PII

PS F

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert A. Patrick Branch
East Chicago Public Library
1008 West Chicago Avenue
East Chicago, IN 46312

ATTN: **Non-Responsive PII**

4a. Article Number

P-140-675-253

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-18-96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Sign

X

Non-Responsive PII

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

MAR 21 1996

REPLY TO THE ATTENTION OF:

DR-7J

Certified Mail
Return Receipt Requested

Non-Responsive PII

East Chicago Public Library
2401 East Columbus Drive
East Chicago, Indiana 46312-2998

*Re: RCRA Statement of Basis
U.S.S. Lead Refinery, Inc.
IND 047 030 226*

Dear **Non-Responsive PII**

The United States Environmental Protection Agency (U.S. EPA) is hereby giving notice that it is accepting comments on the proposed remedy for cleanup of contamination at U.S.S. Lead Refinery, Incorporated (USS Lead), 5300 Kennedy Ave., East Chicago, Lake County, Indiana.

We request that you provide the public the opportunity to review the following materials at the East Chicago Library beginning March 26, 1996, until April 24, 1996.

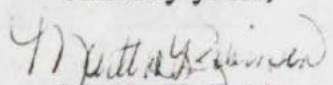
The following documents are enclosed:

- Statement of Basis
- Public Notice
- Administrative Record and Attachments

There is no need to return these documents at the close of the public examination period.

Thank you for your assistance. If you have any question, please contact me at (312) 886-6141.

Sincerely yours,


Martha Y. Robinson
Information Management Section

Enclosures



Printed on Recycled Paper

VERIFICATION OF RECEIPT OF PUBLIC REVIEW MATERIALS

NAME OF LIBRARY, CONTACT PERSON AND LOCATION:

Non-Responsive PII

East Chicago Public Library
2401 East Columbus Drive
East Chicago, Indiana 46312-2998

4/10/12 Tel. (219) 397-2452 -

Non-Responsive PII

Ref. Dept.

FACILITY NAME, LOCATION AND IDENTIFICATION NUMBER:

RCRA Statement of Basis
U.S.S. Lead Refinery, Inc.
IND 047 030 226

MATERIALS ENCLOSED (RECEIVED):

- °Statement of Basis
- °Public Notice
- °Administrative Record and Attachments

CONCURRENCE

DATE RECEIVED BY LIBRARY: _____

DATE AVAILABLE TO PUBLIC: _____

NAME OF RECEIVING PARTY: _____

POSITION/TITLE OF RECEIVING PARTY: _____

SIGNATURE OF RECEIVING PARTY: _____

Return signed copy to:

U.S. EPA, Region 5,
77 West Jackson Blvd., (DR-7J)
Chicago, Illinois 60604,
Attn: Martha Y. Robinson